☐ San Luis Obi 1050 Montere ☐ Grover Beach	or Court of California, County of Saspo Branch, County Government Center, by Street, Room 220, San Luis Obispo, CA 93408 h Branch, 214 South 16th Street, Grover Beach, CA 938 Branch, 549 10th Street, Paso Robles, CA 93446	FOR COURT USE ONLY					
	THE PEOPLE OF THE STATE OF CALIF	ORNIA					
	VS.	Plaintiff,					
Name: _	<del></del>	Defendant.					
PET	TITION TO APPEAR WITHOUT POS	Case Number					
NOTE: Both page one and two of this form must be completed.							
	ndant in the above entitled matter and I of posting of bail.	request the court to pla	ace my case on calendar without				
	this petition, I have completed the financ llowing information.	ial declaration on the r	reverse side of this form and also				
I did not app	ear on this case because:						
I am unable to post bail to appear on this matter because:							
Date:		<del></del>	Defendant Signature				
	ORDER O	F THE COURT					
Defendant's n	petition to appear without posting bail is:						
	Contact the clerk's office for a court ap	nearance date					
☐ Denied.	Post \$ to appear in court, or	•					
_ Dollieu.	Post \$ to appear in court, or		y Work Service to appear in court.				
	This order expires 90 day	s from the date stat	ted below.				
Date:	<del></del>						
			 Judge				

Defendant's Signature

## **FINANCIAL STATEMENT**

Marital Status: Name of wife/husband: _	Street			_ Telephone: _	
Marital Status: Name of wife/husband: _					
Name of wife/husband: _	Single		City		
		Married	Divorced	Separated	Widowed
Social Security Number:			Children:	Number	Ages
			Driver=s	License No	
YOUR EMPLOYMENT			W	VIFE/HUSBAND	EMPLOYMENT
Employer:			Employer:	VIII E/1100BAND	LIM LOTIMEIT
Address:			Address:		
City:			City:		
Type of Job:			Type of Job:		
		(Week/Month)	Gross Salary:	**************************************	(Week/Month)
•		(Week/Month)	Take Home:		(Week/Month)
					=
Unemployment & Disabil	ER INCOME		Rent or Hous		HLY EXPENSES
Social Security	· —		Car Payment	-	\$
Welfare, AFDC			Medical Payri		\$
Veterans Benefits			Loan Paymer		\$
Workers Compensation			Clothing & lau		\$
Child Support Payments			Food	ariary	\$ \$
Support from parents			Other Payme	nts	\$
All Other Income			outer r dyffic	1110	Ψ
7 th Carlot moonie	Ψ			WHO DO YO	OU OWE?
WHAT DO YOU	JOWN? LIST	VALUE	Name	MonthlyPayment Balance Owe	
Cash	\$			<del></del>	
House:	\$			<del></del>	
Cars & Other Vehicles \$					
Life Insurance	\$	· · · · · · · · · · · · · · · · · · ·		<del></del>	
Bank Accounts	\$				
Name of Bank	Bra	anch			
I have read the informati Financial Statement and					of perjury that the foregoin
Executed on		a	t San Luis Obispo Co	unty, California.	
			-		